

THERAPY SERVICES TECHNICAL ADVISORY COMMITTEE

**Public Health Building
Distance Learning Center Room A
275 East Main Street
Frankfort, Kentucky**

May 2, 2017

8:30 a.m.

The meeting of the Therapy Services Technical Advisory Committee (TAC) was called to order by Charlie Workman.

The TAC members in attendance: Charlie Workman, Leslie Sizemore (telephonically) and Jeff Holbrook (telephonically).

Medicaid staff in attendance: Dr. Gil Liu, Stephanie Bates, Jessica Jackson, Justin Dearing and Charles Douglass (telephonically).

Others in attendance: Kathleen Ryan (telephonically) Anthem; Mary Hieatt and Cathy Stephens (telephonically), Humana-CareSource; Laura Crowder and Cathy LaPointe, Aetna Better Health; Stephanie Jamison, WellCare (telephonically), Dell Frazee, Passport Health Plan; Pam Marshall (telephonically) Marshall Pediatric Therapy.

REVIEW AND APPROVAL OF MARCH 7, 2017 MEETING MINUTES:

There were no changes or corrections made to the minutes. The minutes were approved.

OLD BUSINESS:

- (1) Waiver update – SCL transition? Time line for Michelle P.: Mr. Douglass noted that SCL was implemented in March, 2017 and that DMS is awaiting approval from CMS to implement the Michelle P. Waiver, and this may occur in late summer or fall, 2017.
- (2) Update from Aetna on conflicting appeals process: Mr. Workman noted that he had failed to retain Laura Crowder's email but he and Ms. Crowder will meet after the meeting to discuss this issue and firm up the appeals pathway and work flow so that this can be accurately sent out to members.
- (3) New evaluation codes – any issues with them being used: Mr. Douglass stated that he has not received any positive or negative feedback as to whether these are being paid. Pam Marshall stated she had been told by the MCOs that it is the provider's responsibility to resubmit claims for payment and she has not been paid for some claims. Ms. Bates asked Ms. Marshall to forward these to her.
- (4) Provider numbers from MCOs/usage numbers – request by Jessica – how is coverage looking: Ms. Jackson noted she has requested these numbers from DMS but has not received them to date. She will distribute them to the TAC upon receipt and the TAC will review them and discuss this at the next meeting.
- (5) Telehealth regulation: There was no update.
- (6) Same-day signature regulation being changed? 907 KAR 8:040, Section 3(3): Mr. Douglass stated that this issue has not crossed his desk but he will check on the status and report back.
- (7) CFY – rates are significantly low – requested change presented to the MAC – awaiting Cabinet response: Mr. Douglass stated that internal discussions are occurring but to date there has been no change to the rates.

NEW BUSINESS:

- (1) Medical necessity criteria – where are we: The MCOs gave the following information: Aetna is currently using Milliman but will begin using InterQual at a later date. Passport and WellCare are using InterQual. Anthem changed to InterQual effective April 1, 2017. The Humana-CareSource representative stated she is unsure if the MCO is using Milliman or InterQual at this time due to pending litigation.

Dr. Liu asked that members of the TAC and/or the professional associations give guidance and recommendations to DMS on the medical necessity criteria. Mr. Workman noted that Beth Ennis has worked on this issue to get a better understanding of what the InterQual criteria is and how the different diagnoses and conditions are categorized. Ms. Bates noted that the information Dr. Ennis sent to her was on the plan delivery and the number of authorized visits rather than the criteria themselves. Mr. Workman will write up a summary on this issue for Dr. Ennis' review and then it will be distributed to the different therapy associations for their input.

- (2) Other New Business: There was no other New Business.

PUBLIC COMMENT: There were no public comments.

RECOMMENDATIONS TO MAC: There were no recommendations to be made to the MAC. The elimination of the differential, the same-day signature regulation and the CFY issue recommendations were presented to the MAC at its March 24th meeting by Dr. Ennis and Mr. Workman will follow up with Dr. Ennis to have these recommendations forwarded to Mr. Douglass.

The meeting was adjourned. The next meeting will be September 12, 2017, 8:30 a.m., Distance Learning Center Room A, Public Health Building.

(Minutes were taped and transcribed by Terri Pelosi, Court Reporter, this the 2nd day of May, 2017.)

COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES

IN RE: THERAPY SERVICES TECHNICAL ADVISORY COMMITTEE

May 2, 2017
8:30 A.M.
Public Health Building
Distance Learning Center Room A
275 East Main Street
Frankfort, Kentucky 40601

APPEARANCES

Charlie Workman
TAC MEMBER

Appearing Telephonically:

Jeff Holbrook
Leslie Sizemore
TAC MEMBER

CAPITAL CITY COURT REPORTING

TERRI H. PELOSI, COURT REPORTER
900 CHESTNUT DRIVE
FRANKFORT, KENTUCKY 40601
(502) 223-1118

AGENDA

Review and approval of March minutes

Old Business

1. Waiver update - SCL transition? Time line for Michelle P?
2. Update from Aetna on conflicting appeals process
3. New evaluation codes - any issues with them being used?
4. Provider numbers from MCOs/usage numbers - requested by Jessica - how is coverage looking?
5. Telehealth regulations?
6. Same-day signature regulation being changed? 907 KAR 8:040, Section 3(3)
7. CFY - rates are significantly low - requested change presented to the MAC - awaiting Cabinet response

New Business

1. Medical necessity criteria - where are we?
2. Other new business?

Public Comment

Recommendations to MAC

APPEARANCES
(Continued)

Dr. Gil Liu
Stephanie Bates
Justin Dearing
Jessica Jackson
DEPARTMENT FOR MEDICAID SERVICES

Laura Crowder
Cathy LaPointe
AETNA BETTER HEALTH

Mary Hieatt
HUMANA-CARESOURCE

Dell Frazee
PASSPORT HEALTH PLAN

Appearing Telephonically:

Charles Douglass
DEPARTMENT FOR MEDICAID SERVICES

Kathleen Ryan
ANTHEM BLUE CROSS-BLUE SHIELD

Stephanie Jamison
WELLCARE

Cathy Stephens
HUMANA-CARESOURCE

Pam Marshall
MARSHALL PEDIATRIC THERAPY

1 MS. JACKSON: We will go ahead
2 and get started. We would ask that if you're on the
3 phone to mute your line, not put us on hold but mute
4 it, and we will go around the room and start doing
5 introductions.

6 (INTRODUCTIONS)

7 MR. WORKMAN: Apologies for not
8 having video conference this morning. I received a
9 message from Beth Ennis who is not here today. So,
10 hopefully those folks that were intending to be on
11 the video conference will be able to call in.

12 We have a little bit of Old
13 Business to review first, and on the agenda, we have
14 a Waiver update. So, if there is someone that might
15 be able to give us a summary of the time line of
16 where we are.

17 From the last meeting minutes,
18 there was discussion in regards to the SCL Waiver
19 that was implemented March 1st of 2017. And, then,
20 the Michelle P. Waiver was to be implemented sometime
21 later this year. Is there someone that would be able
22 to provide an update on the status of those Waivers?

23 MS. JACKSON: Mr. Douglass, are
24 you on the line? He's not on yet.

25 MR. WORKMAN: We can come back

1 to that.

2 The number two item was update
3 from Aetna on conflicting appeals process. We just
4 spoke before the meeting here. I failed to retain
5 Laura's email. And, so, we reviewed the letter just
6 briefly this morning. We'll meet afterwards, but
7 essentially the issue was, on the denial letter from
8 Aetna, it states that a form is available to be
9 completed and sent within a certain time frame but
10 apparently there is not a form that is available.

11 The case in question was a six-
12 month old who was requesting--well, the therapist
13 that was treating that person requested twelve
14 visits. They received two for torticollis and
15 cranial depression.

16 And, so, we're going to follow
17 up after this meeting to review the case in detail
18 and firm up the appeals pathway and work flow so that
19 that can be accurately sent out to the members. So,
20 my apologies for not being able to send the
21 information by email.

22 The third item is our
23 evaluation codes, our new physical therapy,
24 occupational therapy evaluation codes. From the
25 minutes prior, Mr. Douglass is not on, is he, yet?

1 MS. JACKSON: No, not yet.

2 MR. WORKMAN: We'll just do a
3 quick overview of the issue and then we'll return to
4 that if he does join us, but essentially the new
5 evaluation codes are in place and have been in place.

6 The question is to whether any
7 of those codes need to be resubmitted or would any of
8 those that were submitted be reprocessed
9 automatically? So, we'll follow up with Mr. Douglass
10 on that to see what the status is on those codes and
11 if there's any issues related to that.

12 The fourth item on the agenda,
13 provider numbers from MCOs and usage numbers.
14 There's a question here of what is the coverage
15 looking like? So, I don't know if there's someone
16 that might be able to give us an update on the
17 provider numbers from the MCOs and usage numbers.

18 MS. JACKSON: I have requested
19 them from DMS but have not received the report of
20 those at this time. So, I will distribute them once
21 I receive them.

22 MR. WORKMAN: Okay. We do have
23 Humana-CareSource numbers and those look great. We
24 just received those within the last forty-eight
25 hours.

1 MS. JACKSON: Right. Within
2 the past twenty-four, forty-eight hours, all MCO
3 reports were received and distributed to the TAC.

4 MR. WORKMAN: Very good. So,
5 we will review offline and then follow up with a
6 summary at the next meeting.

7 MS. JACKSON: That will be
8 great.

9 MR. WORKMAN: The next item is
10 telehealth regulations. And in a summary from
11 previous minutes, Ms. Bates stated that no action had
12 been taken yet on the actual regulation. So, we're
13 wondering, is there any type of an update?

14 Apparently, there was an
15 internal meeting that had occurred and that there's a
16 grant for the Department of Public Health that was
17 received for technical assistance. I don't know if
18 there's any status update on the telehealth medicine
19 or not. Is there anyone that might be able to
20 provide that information?

21 MS. JACKSON: Charles may be
22 able to give insight. I do know Stephanie is out
23 today and I have not received any information
24 updates.

25 MR. WORKMAN: Okay. The next

1 item is same-day signature regulation being changed,
2 and I believe we had information on that as well from
3 the last meeting but that's another item for Charles,
4 is it not?

5 MS. JACKSON: That is correct.

6 MR. WORKMAN: This was an item
7 that Beth Ennis was asked if it should be taken to
8 the MAC or not and Charles stated that that would be
9 a recommendation. So, that's another followup with
10 him.

11 MS. JACKSON: That's the last
12 information I have as well is we'll need to suggest
13 it to the MAC.

14 MR. WORKMAN: And, then, yet
15 another item for Mr. Douglass here. The CFY, the
16 rates being significantly low on the fee schedule
17 related to speech therapy, CFY. I think those were
18 one of the three issues also that were
19 recommendations to submit to the MAC. So, unless
20 there's any update that anyone would have in the
21 room, I don't believe we have an update on those
22 rates but those were submitted.

23 MS. JACKSON: They were
24 submitted at the last MAC meeting.

25 MR. WORKMAN: Any other Old

1 Business from anyone that needs to be addressed?

2 If we could take just a moment
3 and review the minutes, for those of you that have
4 received the minutes from the last meeting. Those of
5 you that need a copy, I've got some here. I just
6 want to do a quick review and make sure that those
7 are approved.

8 Just take a moment to read and
9 review and recommend any edits that are needed if
10 necessary. If there are no edits, we'll accept the
11 minutes as written.

12 New Business items, medical
13 necessity criteria. Where are we? A loaded
14 question. Is there anyone that can provide us with
15 an update on the status of the medical necessity
16 criteria that's being used?

17 MS. CROWDER: You mean whether
18 we're using Milliman versus InterQual?

19 MR. WORKMAN: Right. There was
20 discussion last meeting in regards to what might be
21 used going forward, the last couple of meetings. Do
22 you have an idea or an update?

23 MS. CROWDER: Well, I think for
24 Aetna that we're currently using Milliman. I think
25 we're going to flip to InterQual and Milliman has

1 gone to the State to kind of fight that. So, we're
2 kind of in a state of limbo right now. So, going
3 forward and so far, we're still on Milliman.

4 MR. WORKMAN: Any time frame
5 for the change?

6 MS. HIEATT: That's going to
7 depend on the legal decision between Milliman and the
8 State.

9 MS. FRAZE: Passport is using
10 InterQual.

11 MR. WORKMAN: Passport is using
12 InterQual?

13 MS. FRAZE: Yes.

14 MS. RYAN: This is Kathleen
15 with Anthem. Effective 4/1, we changed from Milliman
16 to InterQual.

17 MR. WORKMAN: So, other than
18 Aetna, are there any others that are in transition?

19 MS. HIEATT: I honestly don't
20 know. I know that everything was in place for
21 Humana-CareSource to go to InterQual and then that
22 injunction from Milliman. So, to be perfectly
23 honest, I'm not exactly sure what they're using right
24 now.

25 MS. JAMISON: This is Stephanie

1 Jamison from WellCare. We also are using InterQual.

2 MR. WORKMAN: Some
3 standardization occurring.

4 We'll open up the floor to any
5 other New Business that needs to be mentioned. We'll
6 start with those folks on the phone. Are there any
7 New Business items that need to be brought to the
8 committee? Anyone in the room with any New Business
9 issues at all to be brought?

10 DR. LIU: Gil Liu with DMS.
11 The medical necessity criteria, I'm just hoping that
12 the TAC gives some guidance in that regard.

13 I'm probably repeating things
14 that have been said a number of times. The desire is
15 to reduce provider abrasion by having more
16 standardization. The expectation was when InterQual
17 covers a clinical domain that the MCOs all implement
18 that in unison.

19 We are in the middle of
20 litigation and that has an indefinite time period,
21 but my understanding is that InterQual doesn't have a
22 good comprehensive kind of solution for pediatric
23 therapy, for example, and in those instances, we need
24 to find something that does work much more
25 adequately.

1 And that's where we would look
2 to this group to at least express. There's a
3 comparison across different vendors of medical
4 necessity guidelines and we think that this vendor or
5 this other source will give a well-embraced approach
6 by the provider side.

7 So, I'm curious, is there
8 anything more that could be said from the TAC
9 standpoint about how they perceive Milliman versus
10 InterQual for pediatrics or other places where it
11 might fall short?

12 MR. WORKMAN: So, step one,
13 according to Beth Ennis who has put a little bit of
14 work in meeting with some of the folks to have a
15 better understanding of exactly what the InterQual
16 criteria is and the detail behind that, how are the
17 different diagnoses and conditions categorized.

18 And, so, that's kind of the
19 first step there, to know whether or not it's going
20 to be adequate. We already know, having had a quick
21 review, that it doesn't really meet the individual
22 needs of certain diagnoses and conditions.

23 And, so, from that point, step
24 two was having the opportunity and the ability really
25 to make recommendations. There have been other items

1 that have been formed and it's in the literature as
2 well. An example of that would be blueprints that
3 Cincinnati Children's did some research on I think in
4 2005, if I recall, providing a method of determining
5 what type of diagnosis an individual may have and how
6 that is categorized, whether it's an acute high-
7 intensity type diagnosis or whether it's a chronic
8 developmental issue and how a clinician should not
9 just document but determine what some of the clinical
10 needs would be ongoing that will be effective.

11 Being able to implement
12 something outside of InterQual is the question is how
13 I understand it, whether or not we can deviate from
14 exactly what's being proposed in there. We would
15 love the opportunity no doubt because we do feel like
16 it's not fully adequate to meet the needs of the
17 beneficiaries.

18 So, I'm not sure what the steps
19 are at this point unless someone else may have any
20 comments, but we welcome certainly the opportunity to
21 be able to do that.

22 DR. LIU: You have the
23 opportunity. Within the contract, there is an
24 ability for a Managed Care Organization to propose an
25 alternative. It would be reviewed by DMS and then

1 ultimately decided if it was approved or not..

2 We have taken that approach
3 with things like radiology, cardiology procedures.
4 Those are other instances where InterQual doesn't go
5 all the way as far as we would like it to, and it
6 seems that providers would not have a lot of
7 objections to using an alternative to InterQual.

8 So, I would just hope within
9 your professional organizations or through the
10 members of the TAC and their ability to appeal to
11 evidence that they would pretty assertively make
12 recommendations both to DMS and the MCOs around
13 places like pediatric therapies. That kind of
14 advocacy I think would be welcomed and needed.

15 MR. WORKMAN: Would this be on
16 an individual basis with the MCOs, though, or would
17 it be a collective approach?

18 MS. BATES: I came in late.
19 This is Stephanie Bates for those of you on the
20 phone. Beth had submitted to me, because she said
21 that she went out and talked to some people. So,
22 basically what she sent back to me in a nutshell kind
23 of a quick recommendation and basically it wasn't
24 around the criteria themselves. It was around
25 basically the number of visits that are authorized

1 each time.

2 So, it's kind of like the plan
3 delivery rather than the medical necessity criteria.
4 And, so, that's what she came back to me.

5 As far as how it works with
6 your all's input, it would be just you meeting as an
7 organization or whatever your therapy organization
8 is, getting together and saying this is our
9 recommendation and it would be to us. You wouldn't
10 be working with MCOs on that kind of stuff.

11 MR. WORKMAN: Okay. So, she
12 did have a chance to review the InterQual in detail?

13 MS. BATES: She's not here to
14 speak to that. I'm just telling you what she sent to
15 me and that was that she did not have any
16 recommendations around the criteria themselves but it
17 was more around the amount of therapies that are
18 given each time, just kind of like the rules around
19 authorizations for each one, specifically probably
20 eviCore.

21 MR. WORKMAN: But we could
22 certainly propose that our associations, PT, OT and
23 speech therapy, have some type of collaboration that
24 would allow us a little bit more of a standardized
25 approach to determine the criteria in regards to the

1 acuity, high-intensity frequency or whether children
2 need to be, or adults for that matter, need to be
3 periodic, consultative, what does it need to look
4 like over time, how that should change.

5 I think there is opportunity
6 for some clinical judgment standardization so that
7 it's a little bit more interpretable than what it is
8 now from one clinician to the next. We don't want a
9 large spectrum. We want it to be somewhat----

10 MS. CROWDER: If you could
11 devise an algorithm that could be used for all plans,
12 that would be great. And I think that the Medical
13 Directors at all of the MCOs would be grateful for
14 something like that because it gives you a little bit
15 more structure and you can look at the medical
16 necessity and then have a structure to go by based on
17 your algorithm.

18 MR. WORKMAN: Correct. The
19 question is the individuality and the specific needs
20 but I think that can be built in to that type of an
21 initiative. I know I had mentioned this to Beth a
22 couple of times. I think it just needs to be
23 something, kind of a trial alliance approach from our
24 disciplines to be able to put something like that
25 together.

1 So, we'll bring that to our
2 associations and follow up at the next meeting to see
3 what interest there is, number one, certainly from a
4 physical therapy standpoint. Leslie has laryngitis,
5 so, we may not be able to hear her response, but I'm
6 curious if she could take that to the KOTA as well.
7 Leslie, would that be possible?

8 MS. SIZEMORE: Absolutely. If
9 someone could send me that written up so that I say
10 it correctly. I'm afraid that I may mismanage that.
11 So, if someone could just send me a little blip that
12 I can actually send to the professional organization,
13 I would be glad to do that.

14 MR. WORKMAN: And we'll do the
15 same thing with the speech therapy group as well. I
16 will write up a summary following today's meeting. I
17 will send it to Beth and let her review it and then
18 we'll get that out to the associations.

19 Any other New Business items?
20 Did we clock the shortest meeting ever?

21 MS. JACKSON: Mr. Douglass is
22 on the line.

23 MR. WORKMAN: Welcome, Mr.
24 Douglass. You saved us from having a record short
25 meeting here. So, we appreciate that.

1 We have a couple of items we'd
2 like to get your input on, if we can, updates.

3 MR. DOUGLASS: Certainly.

4 MR. WORKMAN: The first would
5 be the Waiver updates. We understand that Michelle
6 P. will be implemented sometime this year. Do you
7 have a status update on that?

8 MR. DOUGLASS: Not on that. I
9 mean, we just implemented the second one, I guess
10 SCL, on the 15th of March basically to allow things
11 to go from the 15th of March to the 15th of April.
12 So, that part is fully implemented.

13 The second one we have to have
14 approval from CMS. They're basically taking their
15 time giving us one at a time approval to switch those
16 over to State Plan services. Probably maybe later
17 this summer or in the fall is my guess.

18 MR. WORKMAN: Okay. Then we
19 had a question on the action item on the new
20 evaluation codes, if there have been any issues and
21 whether our facilities need to resubmit any of those
22 codes, the new evaluation codes for PT and OT.

23 MR. DOUGLASS: I've not gotten
24 any feedback positive or negative as to whether or
25 not they're being paid. So, I'm assuming that

1 they're being paid.

2 MS. MARSHALL: This is Pam
3 Marshall. I have been told by the MCOs that it's our
4 responsibility. They're not going to automatically
5 reprocess those. So, all the codes that we did not
6 get paid, it's our responsibility to resubmit or work
7 with them to get them paid.

8 MR. WORKMAN: Pam, are you
9 confirming that you did not get paid for those?

10 MS. MARSHALL: Yes. We did not
11 get paid, like January, February nonpayment for the
12 eval codes.

13 MS. BATES: Pam, this is
14 Stephanie. On those, did you submit and get denied?
15 How did that work?

16 MS. MARSHALL: Yeah. I'm
17 speaking regarding the MCOs, not Medicaid.

18 MS. BATES: Right.

19 MS. MARSHALL: Yes. They come
20 back with a denial code or a paid zero. Basically I
21 was told because it wasn't on the fee schedule, we
22 didn't get paid for those. So, we have a lot of
23 claims to resubmit for it's like January, February
24 and part of March.

25 MS. BATES: So, as long as you

1 submitted those claims, they should be able to work
2 with you on those. So, if they aren't, will you
3 shoot me, offline, out of here, because we're not
4 really talking about claims in the TAC, but if you've
5 got issues where you're not getting paid on codes,
6 then, I need you to send that to me so that way I can
7 reach out to the MCO.

8 MS. MARSHALL: Yes. And we've
9 had--I'm not sure if Aetna Better Health is
10 represented in the room, but we've had several issues
11 and one with Aetna Better Health on that whole PA
12 problem where the PA is given to a code, not to the
13 visit and we had a lot of denial, and we still don't
14 have our claims, January, February March, April
15 straightened out from that very problem. And the PA
16 is supposed to be approved to the visit, not to the
17 specific code.

18 So, it's just some wearisome to
19 continue going back and making sure--like, in my
20 opinion, it should be automatically processed but
21 they've known about this problem for four weeks and
22 we still have no reprocessing of any of those claims
23 or a solution.

24 MS. BATES: Okay. Pam, if you
25 will just send those to me in an email, I'll take

1 care of them. Okay?

2 MS. MARSHALL: Yes.

3 MS. BATES: Thank you.

4 MR. WORKMAN: Leslie, have you
5 heard of any other facility issues with regards to
6 nonpayment for the new codes?

7 MS. SIZEMORE: No. We have not
8 had any difficulty in the last little bit. I've
9 asked our billing agents and no one has any
10 complaints.

11 MS. MARSHALL: It's Pam again.
12 There is one more issue which I've been working with
13 Passport on. They have the PA problem where the PA's
14 aren't transitioning from eviCore to Passport. So,
15 we have a lot of claims that have to be reprocessed
16 for that. They are aware and they plan to fix
17 sometime in May but it is not fixed yet and we
18 continue to get those denials. So, I just wanted to
19 make everybody aware of that.

20 MS. FRAZE: We are aware of
21 that and that is being addressed and we've been told
22 that it will be fixed in May. I don't have a date,
23 just in May.

24 MS. MARSHALL: Hey, Charlie,
25 it's Pam again. I have one more question. Because

1 of the eval code problem that we have, I began to
2 notice that because the Medicaid fee schedule isn't
3 approved or updated until later in the year, that all
4 the claims that processed prior to that, like, for
5 example, all the MCOs, they're pulling off the
6 Medicaid fee schedule, are processed at the year's
7 prior rate.

8 And, then, I also learned in
9 this process that they're saying it's the provider's
10 responsibility if we want any of those claims
11 reprocessed to be paid under the new January 1, 2017
12 Medicaid fee schedule.

13 MR. WORKMAN: Mr. Charles, can
14 you give us an update on the fee schedule status for
15 2017? Is everything available?

16 MS. BATES: I can answer that.
17 The MCOs got all of those in January. So, again,
18 Pam, I don't want to make the TAC about claims. So,
19 if you could just take this offline to me and we can
20 deal with that. We can't deal with that on the phone
21 today.

22 MS. MARSHALL: Sure. I totally
23 understand that. I just didn't know if it was a
24 global problem.

25 MR. WORKMAN: Then we have one

1 other item there, the CFY rates being significantly
2 low. That was submitted to the MAC. So, I don't
3 know. I think we mentioned that earlier.

4 Same-day signature regulation,
5 that was also on hold until Mr. Douglass was
6 available. Is there any update on that policy at
7 all?

8 MR. DOUGLASS: That has not
9 crossed my desk. I'll look it up and see where it
10 might be in the process in the Commissioner's Office.

11 As for the medical Fellows,
12 we're still at an impasse there as to their payment
13 rate versus the usual master's level licensure of OT
14 and PT but we're discussing that internally to see if
15 there's anything, but as of yet, there's no change.

16 MR. WORKMAN: Including that
17 they still have to be in a multi-therapy group, I
18 understand, to be able to bill?

19 MR. DOUGLASS: According to
20 that reg, yes. When they added that reg, it was
21 trying to get that coverage out there quickly.
22 That's something we will probably look at this year
23 because, as I mentioned before, to me, it seems like
24 a very restrictive of that where we have individual
25 providers that certainly provide the supervision and

1 such for these people that should be allowed to have
2 them in their offices versus a multi-therapy group.
3 So, we will be looking at that sometime this year to
4 see about possibly updating that.

5 MR. WORKMAN: And, again, those
6 three recommendations that were sent to the MAC, the
7 elimination of the differential for PTA's, COTA's,
8 same-day signature regulation we just discussed and
9 then the CFY issue all taken to the MAC, and I have
10 not heard a response from the MAC since that has been
11 submitted. Does anybody happen to know when the next
12 MAC meeting is?

13 MR. DOUGLASS: I think this
14 past year, because there hadn't been a quorum with
15 the MAC, those recommendations made during those
16 times are not forwarded to us until such time as
17 historically there was a quorum.

18 I believe they have made a
19 change to that so that in the future, recommendations
20 can be made and we can actually review them and work
21 on them.

22 MR. WORKMAN: Okay.

23 MS. BATES: May 25th is the
24 next MAC meeting.

25 MR. WORKMAN: Have you received

1 those three items by chance from Beth at this point?

2 MR. DOUGLASS: I have not, no.

3 MR. WORKMAN: I will follow up
4 with her to see if we can get that information to
5 you. The next MAC is the 25th.

6 Any other public comment? Any
7 other New Business? Very good. The next meeting
8 date, have those been established throughout the
9 year?

10 MS. JACKSON: September 12th,
11 8:30, same time, same location.

12 MR. WORKMAN: Very good.
13 Thanks, everyone. We will adjourn the meeting.

14 MEETING ADJOURNED
15
16
17
18
19
20
21
22
23
24
25